

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730679

FILED
Apr 09, 2009
Secretary of State

Entity Name: MEADOWBROOK ASSOCIATION SECTION A, INC.

Current Principal Place of Business:

C/O CARLOS I CASTELBLANCO
421 NE 14 AVE #206
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

C/O CARLOS I CASTELBLANCO
421 NE 14 AVE #101
HALLANDALE, FL 33009 US

New Mailing Address:

C/O CARLOS I CASTELBLANCO
421 NE 14 AVE #206
HALLANDALE, FL 33009 US

FEI Number: 59-1660412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEJA, LINDA
421 NE 14 AVE - 406
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALLEJA, LINDA
Address: 421 NE 14 AVE - 406
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S () Delete
Name: ROCHA, ANAMARIA
Address: 500 NE 12TH AVE STE 201
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: ZURZ, KAVINEL
Address: 500 N.E. 12 AVE. #301
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP () Delete
Name: RUSSO, KATHY
Address: 420 NE 12TH AVE #407
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: JULVEZAN, PAVEL D
Address: 420 NE 12TH AVE 402
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA CALLEJA

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date